

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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01-27-20

20 JAN 21 PM 12:17

2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Yoshimoto, Kimberley W.

LOBBYIST FIRM/EMPLOYER (if applicable)

Imanaka Asato, LLC

TELEPHONE

808-521-9500

MAILING ADDRESS (No. and Street or P.O. Box)

745 Fort Street Mall, 17th Floor

FAX

808-541-9050

EMAIL

kyoshimoto@imanaka-asato.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

D.R. Horton-Schuler Homes, LLC, dba D.R. Horton-Schuler Division

TELEPHONE

MAILING ADDRESS (No. and Street or P.O. Box)

130 Merchant Street, Suite 112

FAX

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)



☒ Not Applicable

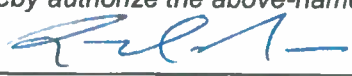
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/16/20</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>16th</u> day of <u>January</u>, <u>2020</u>.</p> <p>By: <u>Charmaine Ross</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p><u>July, 25, 2021</u></p> 

PART V AUTHORIZATION TO LOBBY		
NAME Robert Bruhl	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Division President	
NAME OF ORGANIZATION (if applicable) D.R. Horton-Schuler Homes, LLC dba D.R. Horton-Schuler Division	TELEPHONE 521-5661	
MAILING ADDRESS (No. and Street or P.O. Box) 130 Merchant Street, Suite 112	FAX	
	EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813
<p>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</p> <p></p> <p>(Signature of Authorizing Officer or Person Represented)</p> <p><u>01/15/20</u></p> <p>(Date)</p>		

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(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Kimberley W. Yoshimoto *Last name*
OK per telcon w/ Charmine Hissy Ross @ Imanaka/Asato 1-21-2020

LOBBYIST FIRM/EMPLOYER (if applicable)

Imanaka Asato, LLLC

TELEPHONE

(808) 521-9500

MAILING ADDRESS (No. and Street or P.O. Box)

745 Fort Street Mall, 17th Floor

FAX (808) 541-9050

EMAIL kyoshimoto@imanaka-asato.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Elemental Excelsior

TELEPHONE

(808) 237-5050

MAILING ADDRESS (No. and Street or P.O. Box)

1000 Bishop Street, #505

FAX

EMAIL policy@elementalexcelerator.com

(City) Honolulu

(State) HI

(Zip Code) 96813

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

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<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.


LOBBYIST SIGNATURE

January 9, 2020

DATE

Subscribed and sworn to before me

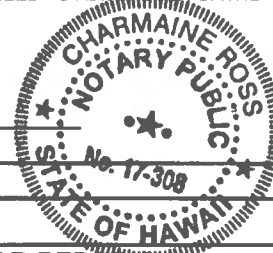
This 9th day of January, 2020.


By:


NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

7/25/2021

**PART V AUTHORIZATION TO LOBBY**

NAME Aki Marceau		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Managing Director	
NAME OF ORGANIZATION (if applicable) Elemental Exceleator		TELEPHONE (808) 237-5050	
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, #505		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		January 9, 2020 (Date)	

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(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Yoshimoto, Kimberley W.

LOBBYIST FIRM/EMPLOYER (if applicable)

Imanaka Asato, LLLC

TELEPHONE

(808) 521-9500

MAILING ADDRESS (No. and Street or P.O. Box)

745 Fort Street Mall, 17th Floor

FAX

(808) 541-9050

EMAIL

kyoshimoto@imanaka-asato.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

NAIOP Hawaii Chapter

TELEPHONE

(808) 864-7983

MAILING ADDRESS (No. and Street or P.O. Box)

P.O. Box 1601

FAX

EMAIL

barbie@naiophawaii.org

(City)

Honolulu

(State)

HI

(Zip Code)

96806

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

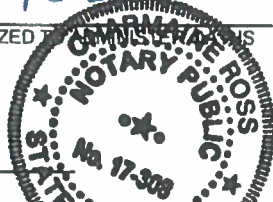
per telecon
w/ Charmaine
Missy Ross @
Imanaka Asato
1-21-2020☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

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PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u><i>Kendall J. King</i></u> LOBBYIST SIGNATURE</p> <p><u>1/16/2020</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>16th</u> day of <u>January</u>, 2020.</p> <p>By: <u><i>Charmaine Rm</i></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/2021</u></p> 

PART V AUTHORIZATION TO LOBBY		
NAME Cathy Camp	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) NAIOP Hawaii Chapter	TELEPHONE (808) 864-7983	
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 1601	FAX	EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96806
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
<u><i>[Signature]</i></u> (Signature of Authorizing Officer or Person Represented)		<u>1/17/20</u> (Date)

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NAME (Last) (First) (Middle)

Yoshimoto, Kimberley W.

LOBBYIST FIRM/EMPLOYER (if applicable)

Imanaka Asato, LLLC

TELEPHONE

(808) 521-9500

MAILING ADDRESS (No. and Street or P.O. Box)

745 Fort Street Mall, 17th Floor

FAX (808) 541-9050

EMAIL kyoshimoto@imanaka-asato.com

(City) Honolulu

(State) HI

(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Verizon Communications

TELEPHONE

(949) 286-7202

MAILING ADDRESS (No. and Street or P.O. Box)

HQ Public Policy, Law and Security Department
15505 Sand Canyon Avenue

FAX

EMAIL jesus.g.roman@verizon.com

(City) Irvine

(State) CA

(Zip Code) 92618

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS


☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

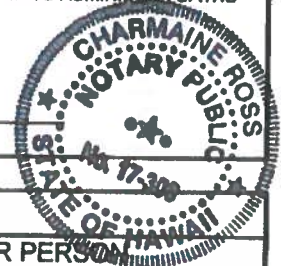
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--	--

**PART V AUTHORIZATION TO LOBBY**

NAME Evann Whitelam		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable) Verizon Communications, Inc. and Its Affiliates		TELEPHONE (415) 389-8800	
MAILING ADDRESS (No. and Street or P.O. Box) 2350 Kerner Boulevard, Suite 250		FAX (415) 388-6874	
		EMAIL ewhitelam@nmgovlaw.com	
(City) San Rafael	(State) CA	(Zip Code) 94901	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) 1/14/20 (Date)			